

SCIENCE & MEDICINE DEPT.

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The Ontario Society of Physio-Therapy

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BRIEF TO
MEDICAL SERVICES INSURANCE ENQUIRY
Province of
ONTARIO

INCORPORATED BY PROVINCIAL CHARTER - MARCH, 1926

not diplomates of University courses —
European trained — some by Cdn. Inst.
Physiother. — now defunct.

246 Physios. Cont.

40 only in

SUBMISSION
OF
THE ONTARIO SOCIETY
OF
PHYSIOTHERAPY
on the need of
PHYSIOTHERAPY IN PRIVATE PRACTICE
in the
PROVINCE OF ONTARIO

* * *

to the
MEDICAL SERVICES INSURANCE ENQUIRY
Province of Ontario

President:

Jean M. Fagan, Reg. Pht.
Vice President:
Robert F. Clark, Reg. Pht.,
10 Church Street, Weston, Ontario

Brief Committee:

Chairman: Robt. F. Clark, Reg. Pht.
Jean M. Fagan, " "
S. S. Sugar, " "
Karl H. Adam, " "
T. P. Wells, " "

S U M M A R Y

I N T R O D U C T I O N

During the past few years the field of medicine has been enlarged and extended far beyond its original concept. Instead of simply treating the patient with the idea of alleviating or curing some specific ailment, the conviction is growing that he should be completely restored to the fullest physical, mental, social, vocational and economic usefulness of which he is capable.

Hon. M. B. Dymond, M.D., Minister of Health for Ontario, speaking to the Rehabilitation Council at Oshawa, February 27th, 1963, said:

"Today, physical medicine and rehabilitation is an organized medical science. Its amazing growth has affected the entire field of medicine".

This statement, added to the fact that most hospitals now operate complete physiotherapy departments, is surely sufficient evidence that there is no necessity for us to prove the importance of physiotherapy in rehabilitation after illness or injury.

While this Brief touches on all angles of the relationship of the physiotherapist to his patient, and also his place in rehabilitation and medical practice, the most important point we want to bring to the attention of this Enquiry is the role of the physiotherapist in private practice as related to any insurance plans which may develop out of this Enquiry.

INTRODUCTION (Cont'd)

It is with a sincere conviction that the patient's restoration to normal health and activity should be the first consideration in all health services that this Brief is submitted. We suggest that an important step toward the accomplishment of this purpose would be the complete integration of all health services within any Government health or insurance plan so that every unit in the medical field would be able to function at its most efficient and economical level. To insist that patients be confined to hospital before qualifying for benefits would add, we think, very substantially to costs and continued overcrowding of hospitals.

1. HISTORICAL BACKGROUND OF THE O.S.P.T.

- Issued Provincial Charter March, 1926
- Extracts from Charter & Laws of Practice
- Current Officers of the Society

2. CURRENT ROLE OF THE SOCIETY

A. Private Practitioners serving in the Field:

- treat many patients in smaller centres where no other services are available.
- enable the team approach of rehabilitation (specialist, doctor, social worker, physiotherapists, Etc.) to be carried out efficiently at the local level.
- relieve the overloading of hospital clinics, (out-patients) saving many treatment dollars to the patient (loss of working hours, transportation inconvenience & maintaining continuity of treatment.)

B. Serving in Institutions (WC.B., Hospitals, Industry)

- many therapists serving in institutions and hospitals at present would be well qualified and willing to enter private practice in areas of need with proper support and encouragement; e.g. referrals by prescription, financial assistance, etc.
- present Health Services in Physiotherapy should be extended to cover Out-Patients referred to a Private Practitioner. This would reduce the need for Capital Investment in Hospital Physiotherapy Clinics by the government agencies concerned.

3. PROJECTIONS FOR THE FUTURE

A. Amend and unify Municipal By-Laws pertaining to the Private Practice of Physiotherapy in residential areas:

- discrepancies in uniformity of Municipal zoning By-Laws pertaining to the private practice of physiotherapy in residential areas.
- the combination of home and office-type practice reduces the ultimate costs of physiotherapy care to the patient.
- ease of accessibility of clinics in residential areas relieves the burden of travel on handicapped persons.

B. - standardize licensing requirements nationally(to facilitate movement of physiotherapists as needed from province to province).

C. Provide regular post-graduate seminars:

- these should be under the auspices of a recognized college, sanctioned by Provincial boards concerned and open to all registered physiotherapists with credits given for attendance.

- many therapeutic services in institutions and hospitals at present would be well qualified and willing to enter private practice in areas of need with proper support and encouragement; e.g. referrals by prescription, financial assistance, etc.

- present health services in physiotherapy should be extended to cover Out-Patients referred to a Private Practitioner. This would reduce the need for Capital Investment in Hospital Physiotherapy Clinics by the Government agencies concerned.

3. PROTECTIONS FOR THE FUTURE

A. Private Practice of Physiotherapy in Residential Areas:
- the combination of home and office-type practice reduces the ultimate costs of physiotherapy care to the patient, a ease of accessibility of clinics in residential areas, relieves the burden of travel on handicapped persons.

B. Standardize licensing requirements nationally to facilitate movement of physiotherapists as needed from province to province.

C. Provide regular post-graduate seminars

- there should be under the auspices of a recognized college, sanctioned by provincial bodies concerned

and open to all registered physiotherapists with

D. Develop more facilities to train male Physiotherapists:

- the need for greater physical strength in handling handicapped persons.
- the increasing demand for Geriatric treatment.
- establish realistic salary schedules to induce male physiotherapists to enter the field.

E. Encourage private practice in smaller centres:

- the team concept of treatment is the modern and most successful approach to complete rehabilitation.
- adequate local treatment reduces costs to patient and/or welfare agencies.
- justifying subsidization of low-interest loans to private practitioners.

F. Tax exemption on equipment to private practitioners (same as hospitals).

- hospitals given special consideration in purchase of equipment.
- to reduce ultimate costs of care to patients and to ensure efficient treatment, similar consideration should be given to private practitioners.

1. HISTORICAL BACKGROUND OF THE ONTARIO SOCIETY OF PHYSIOTHERAPY

The Ontario Society of Physiotherapy was granted a Provincial Charter in March 1926.

EXTRACTS FROM CHARTER

Now therefore know ye that under the authority of the hereinbefore in part recited Act, I, the said Lincoln Goldie, Provincial Secretary of the Province of Ontario do by these Letters Patent constitute the persons hereinafter names, that is to say:-

Robert Anderson Holmes,
Harry Algar,
Reuben Bannister
Frederick Alfred Roberts
Alexander Graham, and
Walter Limbsey Williamson,

all of the City of Toronto, in the County of York, and Province of Ontario, Physiotherapists; and any others who have become subscribers to the memorandum of agreement of the Corporation, and persons who hereinafter become members thereof a corporation without share capital under the name of

THE ONTARIO SOCIETY OF PHYSIOTHERAPY

for the following purposes and objects that is to say,

(a) To form a Provincial Organization for the purpose of elevating the professional standing of all persons engaged in the practice of physiotherapy.

(b) To provide for the improvement in knowledge of its members by means of lectures, demonstrations and post-graduate work - - -

The Head Office of the Corporation to be situated at the said City of Toronto, and- - -

The First Directors of the Corporation to be Robert Anderson Holmes, Harry Algar, Frederick Alfred Roberts, Reuben Bannister,

EXTRACTS FROM CHARTER (Cont'd)

Alexander Graham and Walter Limbsey Williamson, hereinbefore mentioned:-

And it is Hereby Ordained and Declared that (1) The Subscribers to the Memorandum of Agreement of the Corporation shall be the first members and the Corporation shall consist of the subscribers and of those who shall hereafter be duly elected as members of the Corporation in accordance with the by-laws and regulations from time to time in force;

(2) The interest of the member in the Corporation shall not be transferable, and shall lapse and cease to exist upon the death of such member, or when such member shall cease to be a member by resignation or otherwise in accordance with the by-laws and regulations from time to time in force:

(3) The Directors of the Corporation shall constitute the Committee of Management of the Corporation; and (4) The By-laws and regulations for (a) the election of members, trustees, directors and officers, (b) the holding of meetings of members, trustees and directors, (c) the establishment of branches, (d) the payment of directors, trustees, officers and employees, and (e) the control and management of the affairs of the Corporation, shall be made and established, subject to amendment or repeal as therein or hereafter by by-laws or regulation provided, at a general meeting to be held not more than six months after incorporation at such time and place as the directors may determine, and such by-laws, regulations and amendments shall replace, exclude or modify those set out in Form 4 in the Schedule to The Ontario Companies Act, save that in any matters covered by such Form 4 and not provided for in the Corporation's by-laws, regulations or amendments, the provisions of the said Form 4 shall apply and be in force,

EXTRACTS FROM CHARTER (Cont'd)

but all such matters which, after passing of the Corporation's first by-laws and regulations, may be left to be governed by such Form 4 may be varied, amended, excluded or modified by any by-laws or regulations:

AND IT IS HEREBY ORDAINED AND DECLARED that the said Corporation shall be carried on without the purpose of gain for its members and that any profits or other accretions to the Corporation shall be used in promoting its objects.

LAWS OF PRACTICE

Governing the conduct of members of the Association.

(1) A practitioner must always remember that his first and foremost duty is to relieve the sufferings of the fellow man but in his enthusiasm for the good of mankind, either from an altruistic motive or from a motive of gain, he must remember that the maximum good can only be obtained by conforming strictly to the limitations of that particular function which he is best able to perform. He must at all times be willing and ready to consult with and to ask the advice of the members of the medical profession.

(2) That whereas it is acknowledged that the calling of the practitioner is his livelihood it must not be overlooked that gain is not the achievement to be aimed at, but rather a clientele satisfied with the worth of the results of his work.

(4) That whereas the practitioner will at all times keep his person in neat appearance and avoid all slovenly manners when in public or in the course of his practice among his patients.

(5) That during a varied career the practitioner will come in contact with many cases which will require need for which

he will receive little or no remuneration and in such cases it will be his duty to relieve the sufferings of humanity rather than to look for monetary reward for his work.

(6) That the practitioner must work in the great aim to make his work in physiotherapy of as much importance in relation to the whole of the body of public health as any of the other specialties of the science of medicine.

(7) That the practitioner must at all times remember that the calibre of his work will be judged in so far as he makes his study and practice of physiotherapy equal in standard within that scope of his particular science, to the ideals of service, exemplified through the centuries by the untiring research and faithful devotion of his predecessors in every branch of medical practice.

THE PRAYER OF MAIMONIDES

May the love of my art actuate me at all times. May neither avarice nor miserliness, nor the thirst for glory, nor for great reputation engage my mind for the enemies of Truth and Philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to thy children.

Signature of Member

The Society has, through the years, worked with other branches of the medical profession to provide treatment and education for the general public through its members in the field. It has initiated and supported legislation to elevate the standards of Physiotherapy and to ensure exemplary care by maintaining these standards in practice.

Through lecture and demonstration teams, the Society has aided handicapped persons and groups.

Attendance at conferences and seminars by members of the Society and dissemination of knowledge through the Newsletter, (official publication of the Society), has enabled members to keep up with new and/or improved techniques.

The current officers of the Society are:

Hon. Pres:	Chas. Godfrey, M.D., Toronto
Hon. V.-Pres:	Bruce H. Young, M.D., Kingston
Trustee:	Fred A. Roberts, Reg. Pht. Toronto
Hon. Director:	L. M. Davey, M.D., Toronto
" "	J. C. Bazoian, C.A., Brantford
" "	Robert D. Croft, Toronto
President:	Jean M. Fagan, Reg. Pht. Hamilton
Vice-President:	Robert F. Clark, Reg. Pht. Weston
Secretary:	Karl H. Adam, Reg. Pht., Weston
Treasurer:	Julian Versnick, Reg. Pht., Tillsonburg
Executive Committee:	Constance Kimmins, Reg. Pht., London
	Donald McGillivray, Reg. Pht. Durham
	Hans W. Blaser, Reg. Pht. Kingston
	Sam S. Sugar, Reg. Pht., Toronto
	Thomas P. Wells, Reg. Pht., Thistletown

2. CURRENT ROLE OF THE SOCIETY

A. Private Practitioners Serving in the Field

The Physiotherapist in private practice provides the most convenient and economical physical medicine and rehabilitation services for patients not confined in hospitals. In many cases the private physiotherapist is located close to the patient's home and will save him both time and money, (loss of working hours, transportation costs, inconvenience, etc.). This will make it much easier and less expensive for the patient to maintain the continuity of his treatment, and relieve the overloading of hospital out-patient clinics.

Where the rehabilitation of the patient requires a team approach to deal adequately with his problems, the private practitioner of physiotherapy will readily fit in with any combination of other services to promote a maximum benefit for the patient.

In cases where other services are scarce or unavailable, the wide range of application for physical medicine through physiotherapy can be provided for the patient by the local physiotherapist.

We cannot emphasize too strongly our conviction that the private practice of physiotherapy should be included in any insurance plan because of the economies effected, both for the patient and the insurance plan. When the patient no longer needs hospitalization, yet requires further rehabilitative treatment, it would be most economical for the patient and the public purse to transfer his physio treatments to a private practitioner in his home neighbourhood.

The advantages of having patients treated by physiotherapists in private practice seems to be well understood and much used by the Workmen's Compensation Board of Ontario, which includes all kinds of physiotherapy in its rehabilitation procedure.

The following quotation from "Handbook of Physical Medicine and Rehabilitation", issued by the American Medical Association, seems pertinent here.

"The practice of rehabilitation for any doctor begins with the belief in the basic philosophy that the doctor's responsibility does not end when the acute illness is ended or surgery is completed; it ends only when the individual is retrained to live and work with what he has left. Obviously, the physician himself cannot undertake the actual administration of the retraining, but the therapist can conduct the activities under his directions. At this stage the skilled therapist may justly be described as the extended right arm of the physician".

Dr. Howard A. Rusk,
Professor of Medicine and Rehabilitation,
New York University College of Medicine.

B. Physiotherapists Serving in Institutions
(W.C.B., Hospitals, Industry)

Many therapists serving in institutions and hospitals are well qualified and willing to enter private practice in areas of need if given some support and encouragement. We refer to small towns and sparsely populated sections which cannot support anything beyond the bare necessities of medical care. This is where a trained physiotherapist could be the community's first line of defense with regard to health and accidental injuries. If such services were included in government medical and insurance plans, remote areas might be able to sustain a somewhat limited but valuable low cost medical aid plan.

We think present physiotherapy health services should be extended to cover hospital out-patients referred to private practitioners. This would reduce the need for capital investment in hospital physiotherapy clinics and, in a large area of rehabilitation, the personal, hospital and government costs would be materially reduced.

It is interesting to note that, as far back as 1947, according to a report from the Baruch Committee on Physical Medicine, this branch of the healing art was officially recognized.

Following is a quotation from the report:

"It is gratifying to report that the Armed Services of the United States have now recognized the importance of Physical Therapy to the extent where the Department of the Army has placed its Physical Medicine Service on equal standing with Medicine, Surgery and Psychiatry and has appointed a National Board of Civilian Consultants in Physical Medicine".

3. PROJECTIONS FOR THE FUTURE

A. Amend and unify Municipal By-Laws pertaining to the Private Practice of Physiotherapy in Residential Areas.

There is a certain amount of confusion and discrepancy in Municipal Zoning By-Laws as they are applied to the private practice of physiotherapy in residential areas. As the combination of home-and-office type of practice undoubtedly reduces costs of physiotherapy care for the patient, we suggest that there should be no restrictions on the location of physiotherapy practice in residential areas. This suggestion is based on a very simple fact: chronically ill or handicapped people deserve low cost treatment and freedom from the burden and risks of travelling any great distance for such treatment. There is a point at which the difficulty of getting to the therapist cancels out the benefits of treatment.

B. Licensing Physiotherapists

To facilitate the movement of physiotherapists as needed from province to province licensing requirements should be standardized on a national basis.

C. Post-Graduate Seminars

Provision should be made to regularly hold post-graduate seminars under the auspices of recognized colleges, sanctioned by Provincial Boards and open to all registered physiotherapists. Credits would be given for attendance and this would help to maintain a high standard of service to the public.

D. Facilities for Training Male Physiotherapists

The treating of handicapped patients often requires more than average physical strength. For this reason more male physiotherapists are needed. The ever-increasing demand for geriatric treatment also often involves greater physical strength than normal. For this reason it is desirable that realistic salary schedules should be established to induce the enrolment of more male students in the study of physiotherapy.

Dr. Burns Roth, Head of the Department of Hospital Administration at the University of Toronto School of Hygiene, speaking to a meeting of the nursing administration section of the Ontario Hospital Association in October 1963, at Toronto, stated that the immensity of the task has scared health and welfare personnel away from tackling the need for home care services for patients released from hospitals. More trained personnel of both sexes in all auxiliary medical services in private practice would help solve this problem.

E. Private Practice in Smaller Centres

The team concept of treatment is the modern and most successful approach to complete rehabilitation. Adequate local facilities reduce costs to all concerned -- the patient, practitioners, welfare agencies, insurance plans, etc. Every group in rehabilitation work needs at least one physiotherapist but there may be some communities where insufficient density of population indicates the need for some form of encouragement such as subsidation or low-interest loans to induce private practitioners to locate in such areas.

It goes without saying, we think, that the closer a service is to those who need it, the more it will be used. This applies more particularly to children, older adults, and handicapped people of all ages. It is very distressing to be forced to send small children into strange, and sometimes frightening surroundings for comparatively simple treatment which every community should have within its own borders. Both adults and children are less apprehensive when attended by a familiar medical personnel and, we think, have an inalienable right to such services within reasonable distance of their own homes, unless living like hermits in some remote location. For this reason alone the local practitioner should always be included in all medical welfare and insurance plans.

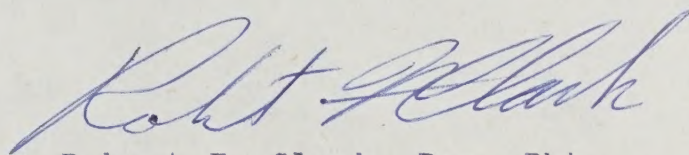
F. Tax Exemption of Equipment

Hospitals are given special consideration with regard to taxes levied on new equipment. To reduce ultimate costs of rehabilitation of the ill and handicapped, many of which costs are paid from the public purse, and also to encourage the most

efficient treatment of patients through increased use of modern equipment, we suggest that the private practitioner should be able to secure his equipment at the same cost as the hospitals.

CONCLUSION:

Respectfully submitted by the Ontario Society of Physiotherapy in the true spirit of co-operation and sincere interest in Public Health.

A handwritten signature in blue ink, reading "R. F. Clark". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Robert F. Clark, Reg. Pht.
Chairman - Brief Committee
The Ontario Society of Physiotherapy.

Dated November 1963.

